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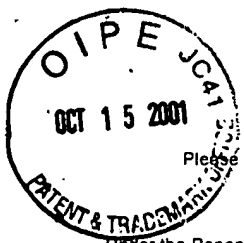
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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock t Numb r 932-CAL

First Named Inventor Repper

COMPLETE IF KNOWN

Application Number /

Filing Date 6/18/01

Group Art Unit

Examiner Name J

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELECTRONIC GAS COOKTOP CONTROL with SIMMER SYSTEM and Method Thereof

(Title of the Invention)

the specification of which

☒ is attached hereto

☒ was filed on (MM/DD/YYYY)

10/16/2000

as United States Application Number or PCT International

Application Number

PCT/US00/28624

and was amended on (MM/DD/YYYY)

03/22/2001

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US00/28624		10/16/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/159,885	10/18/1999	

[Page 1 of 2]

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Christa B.		Shute	
Inventor's Signature <i>Christa B. Shute</i>		Date 10/11/01	
Residence: City Stowe	State VT	Country USA	Citizenship US
Mailing Address 56 Luce Hill Rd			
Mailing Address			
City Stowe	State VT	ZIP 05672	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Suzanne J.		Shute	
Inventor's Signature <i>Suzanne J. Shute</i>		Date 10/11/01	
Residence: City Stowe	State VT	Country USA	Citizenship USA
Mailing Address 1126 Moulton Lane			
Mailing Address			
City Stowe	State VT	ZIP 05672	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Allen L.		Olson	
Inventor's Signature <i>Allen L. Olson</i>		Date 10/11/01	
Residence: City Craftsbury	State VT	Country USA	Citizenship US
Mailing Address P.O. box 108 Wolcott VT 05680			
Mailing Address			
City Wolcott	State VT	ZIP 05680	Country USA



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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐

Customer Number
or Ser Cons Letter:

26542

☐

OR Correspondence address below

Name

JAMES M. LERER

Address

37 Butler Drive

Address

City

S. Burlington

State

VT

ZIP

05403

Country

USA

Telephone

802 864-1575

Fax

802 864 9319

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

PIERRE P.

Family Name
or Surname

REPPER

(First and initials (if any))

Inventor's
Signature

Date

10-10-01

Residence: City

CHATEAUGUAY

State

QC

Country

CANADA

CANADIAN
Citizenship

Mailing Address

90 VINCENT ST.

Mailing Address

City

CHATEAUGUAY

State

QUEBEC

ZIP

J6J-2E6

Country

CANADA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Alan

Family Name
or Surname

Shute

(First and initials (if any))

Inventor's
Signature

Date

10-10-01

Residence: City

Stowe

State

VT

Country

USA

Citizenship

U.S.

Mailing Address

120 Main Street

Mailing Address

City

Stowe

State

VT

ZIP

05672

Country

USA

☐ Assistance (inventor not to be named as co-inventor) is requested for this application. (See instructions on page 1 of this form.)

(Page 1 of 2)

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DECLARATION

ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page ____ of ____

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Feng			Zhou		
Inventor's Signature		<i>[Signature]</i>		Date Oct. 11, 2001	
Residence: City	Gloucester	State	ON	Country	Canada
Citizenship Canadian					
Mailing Address 6008 Pineglade Crescent					
Mailing Address					
City	Gloucester	State	ON	Zip	K1W 1G8
Country		Canada			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
Citizenship					
Mailing Address					
Mailing Address					
City		State		Zip	
Country					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
Citizenship					
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION

Application Number	09/884 828
Filing Date	6/18/2001
First Named Inventor	Rappert
Group Art Unit	
Examiner Name	
Attorney Docket Number	982-CAL

I hereby appoint:

☒ Practitioners at Customer Number:

26542

Place Customer
Number Bar Code
Label here☐ Practitioner(s) named below:

Name	Registration Number
JAMES M. LEAS	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
Address	37 Butler Drive		
Address			
City	S. Burlington	State	VT
Country	USA	ZIP	05403
Telephone	802 864-1575	Fax	802 864-9319

I am the:

☐ Applicant☐ Assignee of record of the entire interest
Certificate under 37 CFR 9.79(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	James Rappert
Signature	[Signature]
Date	October 19, 2001

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pro/SB/01 (11-96)

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NOT ACCOMPANYING
APPLICATION**

NOT ACCOMPANYING
APPLICATION

Application Number	09/884 828
Filing Date	6/16/2001
First Named Inventor	Rappert
Group A: Unit	
Examiner Name	
Attorney Pocket Number	932-SAL

Filing Date 6/12/2001

First Named Inventor Rappert

Group An Unit

Examiner Name _____

Attorney Docket Number: 922-CAL

I hereby appoint:

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OR

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Petitioner(s) named below:	
Name	Registration Number
James M. Leas	34372

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Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

08

<input type="checkbox"/> Firm or Individual Name	James Marc Leas
---	-----------------

James Marc Leas

Address	37 Sussex Drive
---------	-----------------

Address

City S. Burlington

State VT

zip 105403

Country	USA
---------	-----

Telephone	802 864-1575
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Fax 802 864-9319

Can the

☐ Applicant.

☐ Assigment of record of the entire interest

Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name _____

Signature _____

Date _____

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NOT ACCOMPANYING
APPLICATION**

Application Number	09/884 828
Filing Date	6/18/2001
First Named Inventor	Repper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

I hereby appoint:

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Name	Registration Number
James M. Leas	34372

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Address					
City	S. Burlington	State	VT	ZIP	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

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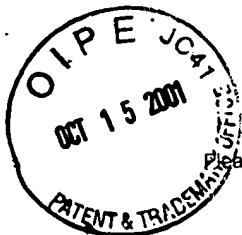
☐ Applicant.

☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Alan B. Shute
Signature	<i>[Signature]</i>
Date	10/10/01

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Application Number

09/884 828

Filing Date

6/18/2001

First Named Inventor

Repper

Group Art Unit

Examiner Name

Attorney Docket Number

932-CAL

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Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	ZIP	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☐ Applicant.

☐ Assignee of record of the entire interest
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SIGNATURE of Applicant or Assignee of Record

Name

Christa B. Shute

Signature

[Signature]

Date

10/00/01

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First Named Inventor	Repper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

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James M. Leas	34372

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OR

☐ Firm or
Individual Name

James Marc Leas

Address

37 Butler Drive

Address

City

S. Burlington

State

VT

ZIP

05403

Country

USA

Telephone

802 864-1575

Fax

802 864-9319

I am the:

☐ Applicant.

☐ Assignee of record of the entire interest
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SIGNATURE of Applicant or Assignee of Record

Name

Suzanne J. Shute.

Signature

[Signature]

Date

10/10/01

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APPLICATION**

Application Number	09/884 828
Filing Date	6/18/2001
First Named Inventor	Repper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

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OR

☐ Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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☒ The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	ZIP	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☐ Applicant.

☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Allen L. Olson
Signature	<i>Allen L. Olson</i>
Date	10-10-01

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